

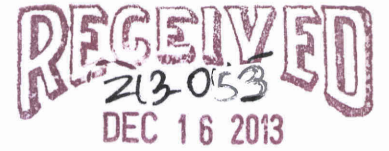
PETITION OF APPEAL FROM DECISION OF  
MIAMI-DADE COUNTY COMMUNITY ZONING APPEALS BOARD  
TO THE BOARD OF COUNTY COMMISSIONERS

CHECKED BY \_\_\_\_\_ AMOUNT OF FEE \_\_\_\_\_

RECEIPT # \_\_\_\_\_

DATE HEARD: 12/10/13

BY CZAB # 11



ZONING HEARINGS SECTION  
MIAMI-DADE PLANNING AND ZONING DEPT.  
BY AT

DATE RECEIVED STAMP

\*\*\*\*\*

This Appeal Form must be completed in accordance with the "Instruction for Filing an Appeal" and in accordance with Chapter 33 of the Code of Miami-Dade County, Florida, and return must be made to the Department on or before the Deadline Date prescribed for the Appeal.

RE: Hearing No. Z2013000053 (13-11-CZ11-1)

Filed in the name of (APPLICANT)

Name of Appellant, if other than applicant: Director of the Department of Regulatory and Economic Resources

Address/Location of APPELLANT: 111 NW 1 Street, 11<sup>th</sup> Floor, Miami, FL 33128

Application, or part of Application being Appealed (Explanation):

ENTIRE APPLICATION

Appellant (name): Director of the Department of Regulatory and Economic Resources

hereby appeals the decision of the Miami-Dade County Community Zoning Appeals Board with reference to the above subject matter, and in accordance with the provisions contained in Chapter 33 of the Code of Miami-Dade County, Florida, hereby makes application to the Board of County Commissioners for review of said decision. The grounds and reasons supporting the reversal of the ruling of the Community Zoning Appeals Board are as follows:  
(State in brief and concise language)

1. The applicant has not demonstrated any special conditions related to the subject site where the literal enforcement of applicable zoning district provisions could constitute a practical difficulty or would result in unnecessary hardship.
2. The approval of the use variance request will not be in harmony with the general purpose and intent of the regulation, and that the applicant has not demonstrated a loss of all reasonable use of the property under the existing zoning.

**APPELLANT MUST SIGN THIS PAGE**

Date: 16<sup>th</sup> day of December, year: 2013

Signed \_\_\_\_\_

Jack Osterholt

Print Name

111 NW 1<sup>st</sup> Street, 11<sup>th</sup> Floor, Miami, FL 33128

Mailing Address

(305) 375-2842

Phone

(305) 372-6096

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**REPRESENTATIVE'S AFFIDAVIT**

If you are filing as representative of an association or other entity, so indicate:

Representing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

Subscribed and Sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(stamp/seal)

Commission expires: